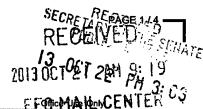
FEC FORM 1

## STATEMENT OF BLUE ART OF 3: 03



			i Palici.	PAR NEW YORK IN LESS.
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Shaheen Victory	Fund 2014			
	<u> </u>		<del>                                     </del>	
	_			
4000500 /	P.O. Box 70980			
ADDRESS (number and street)	<u> </u>	<u> </u>	<u> </u>	
(Check if address is changed)				<u> </u>
	Washington		DC 20024	: <b> - </b> : :
	CITY A		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:SS			
(Check if address	Admin@EvansKatz.co	om		1
is changed)		<u> </u>	<u> </u>	
	Optional Second E-Mail Ad	idress		
		<del></del>	<u> </u>	<del></del>
COMMITTEE'S WEB PAGE AD	DRESS (URL)			PUBLIC PU
(Check if address			1 1 1 1 1 1 1 1	
is changed)	<u> </u>	<u> </u>	<u> </u>	<b>1</b> ≤ 2.2
		<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				المنته المنتيا
2. DATE 10 09	9 2013			4: 16 PM
3. FEC IDENTIFICATION N	umber ▶ C			
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the best	t of my knowledge and belief it	is true, correct and cor	mplete.
	Niene Evens			
Type or Print Name of Treasure	Diane Evans			
Signature of Treasurer	Many		Date / O	og jois
NOTE: Submission of false, erron		may subject the person signing	· · · · · · · · · · · · · · · · · · ·	alties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ion FE	C FORM 1 evised 06/2012)

FEC Fo	rm 1 (Revised 02/2009)			Page 2
TYPE OF C	OMMITTEE Committee:			
(a)	This committee is a principal campaig	n committee. (Complete the cand	lidate information belo	w.)
(b)	This committee is an authorized comminformation below.)	nittee, and is NOT a principal car	mpaign committee. (Co	omplete the candidate
Name of Candidate	JEANNE SHAHEEN	<u> </u>		<u> </u>
Candidete Party Affiliati	Office on Sought:	House X Senate	e President	State NH District 00
(c)	This committee supports/opposes only	one candidate, and is NOT an a	authorized committee.	
Name of Candidate				
Party Con	nmittee:	(National Ctate		(Domogratia
(d)	This committee is a	(National, State or subordinate) committee of t	the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):			
(e)	This committee is a separate segrega	ted fund. (Identify connected orga	nization on line 6.) Its o	connected organization is a
	Corporation	Corporation w/o Cap	pital Stock	Labor Organization
	Membership Organization	Trade Association		Cooperative
	In addition, this commit	tee is a Lobbyist/Registrant PAC.		
(f)	This committee supports/opposes mo committee. (i.e., nonconnected committee)		nd is NOT a separate	segregated fund or party
	In addition, this committee is a	Lobbyist/Registrant PAC.		
	In addition, this committee is a	Leadership PAC. (Identify sponsor	on line 6.)	
Joint Fund	draising Representative:			
(g) X	This committee collects contributions, p committees/organizations, at least one		•	•
(h)	This committee collects contributions, p committees/organizations, none of which			r two or more political
Com	mittees Participating in Joint Fundr	aiser		
1.	FRIENDS OF JEANNE SH	HAHEEN FE	C ID number C	000457325
2.	NEW HAMPSHIRE DEMO	CRATIC PARTY	C ID number C	00178038
3.			C ID number C	•
4.			C ID number C	

FEC Form 1 (Revi	ised 02/2009)	Page 3
Write or Type Committee I	Name	
Shaheen Vict	tory Fund 2014	
	ted Organization, Affiliated Committee, Joint Fundraising Represen	tative, or Leadership PAC Sponsor
NONE , , , , , ,		
Mailing Address		
		<u> </u>
	CITY ST	ATE ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponsor
	: Identify by name, address (phone number optional) and position of	the person in possession of committee
books and records.		
Diane Full Name	e Evans	<u> </u>
Mailing Address	P.O. Box 70980	
	Washington	C   20024
Title or Position	CITY STAT	TE ZIP CODE
Treasurer	Telephone number	202   548   -   0880
3. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the com-	mittee; and the name and address of
	Evans	
Full Name Diane of Treasurer		
Mailing Address	P.O. Box 70980	
•		
	Washington	C    20024      -
Title or Position	CITY STAT	
Treasurer		202   -   248   -   0880

1 LC 1 01	m 1 (Revise	02/2009)		·		Page 4
Full Name of Designated						
Agent						
Mailing Address				<u>l i l L </u>		
			<u> </u>			
		CITY		STATE	L i i i i i zi	P CODE
Title or Position		<del></del> -				
	<u> </u>		Telephone nu	mber	<u> </u>	
safety deposit b	oxes or mair		s in which the commi	ttee deposits	funds, holds a	accounts, rents
Banks or Other safety deposit b Name of Bank,	oxes or mair Depository, (	tains funds.	s in which the commi	ttee deposits	funds, holds a	accounts, rents
safety deposit b	oxes or mair Depository, o	tains funds. tc.	s in which the commi	ttee deposits	funds, holds a	accounts, rents
safety deposit b Name of Bank,	oxes or mair Depository, o	tains funds. tc. Imated Bank	s in which the commit	ttee deposits	funds, holds a	accounts, rents
safety deposit b Name of Bank,	oxes or mair Depository, o	tains funds. tc. Imated Bank	s in which the commit	ttee deposits	funds, holds a	accounts, rents
safety deposit b Name of Bank,	oxes or mair Depository, o	tains funds.  tc.  Imated Bank  1825 K Street, NW  Washington	s in which the commi		20006	P CODE
safety deposit b Name of Bank,	oxes or mair Depository, o	tains funds.  tc.  Imated Bank  1825 K Street, NW  Washington  CITY	s in which the commi	L L L L L L L L L L L L L L L L L L L	20006	
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Fectoral Election Commission 999ESI NW Washington, DC 20463

AMPAIGN NANCE ROFESSIONALS 80 DC 20024

(8/2013)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office 10/22 **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED